



## Arizona Department of Revenue • Unclaimed Property Section

**UNCLAIMED PROPERTY REPORT**(Remittance must accompany report)

Date:	Please check one: <input type="checkbox"/> Life Insurance Annual Report <input type="checkbox"/> Annual Report (all other entities)		
Federal ID Number:	Contact Person:		
1. Entity Name:	Telephone: (       )		
Address:	State of Incorporation (if incorporated):		
City:                      State:              Zip:	Date of Incorporation (if incorporated):		
Sales/Gross Receipts (millions): <input type="checkbox"/> \$0 - 10 <input type="checkbox"/> \$11 - 25 <input type="checkbox"/> \$26 - 50 <input type="checkbox"/> \$51 - 100 <input type="checkbox"/> \$101+			
Employees: <input type="checkbox"/> 1 - 20 <input type="checkbox"/> 21 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 250 <input type="checkbox"/> 251 - 500 <input type="checkbox"/> 501 - 900 <input type="checkbox"/> 901+			
2. Did you file a report of abandoned property last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please explain _____			
3. Principal Business Activity Code (PBA), 4 digits:    _ _ _ _			
4. Summary and classification of property reported/remitted on the following attached sheets (i.e. wages, vendor checks, etc.):			
a. Accounts under \$50 .....			\$ _____
b. Accounts over \$50 when owner's name is <i>unknown</i> (attach detailed Schedule A) .....			\$ _____
c. Accounts over \$50 when owner's name is <i>known</i> (attach detailed Schedule A) .....			\$ _____
Total Remitted (all accounts): .....			\$ _____
<u>Shares of Stock: Issue</u>		<u>CUSIP No.</u>	<u>Number Shares</u>

Sent DTC: ☐ Yes ☐ No If "Yes", *enclose confirmation.*

Number of Safe Deposit Boxes Remitted: \_\_\_\_\_

Name of Previous Holder: If you are a successor to a previous holder of the property, or if you have changed your name, please list such prior names below:

Name \_\_\_\_\_ Address \_\_\_\_\_

The undersigned declares under penalty of perjury, that to the best of his/her knowledge and belief, the foregoing information and the information set forth in the schedules attached is true and correct.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

**Make check payable and mail to: Arizona Department of Revenue Unclaimed Property**  
**PO Box 29026, Phoenix, AZ, 85038-9026**

FOR DEPARTMENT USE ONLY			
Reference No.	Check Amount	Deposit Date	Balanced By

Arizona Department of Revenue  
Unclaimed Property  
PO Box 29026 Site Code 604  
Phoenix AZ 85038-9026

Standard Rate  
U.S. Postage  
Paid  
Phoenix, Arizona  
Permit No. 564